



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
TUMPAF	PAMELA	A.	871-7711
MAILING ADDRESS (Street)			FAX
313 AND STREET KAHULUI HI 96732			871-0706
(City)	(State)	(Zip Code)	
MAUI CHAMBER OF COMMERCE			
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
313 AND STREET			871-7711
MAILING ADDRESS (Street)			FAX
KAHULUI HI 96732			871-0706
(City)	(State)	(Zip Code)	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
MAUI CHAMBER OF COMMERCE		871-7711
MAILING ADDRESS (Street)		FAX
313 AND STREET		871-0706
(City)	(State)	(Zip Code)
KAHULUI	HI	96732
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
SONJIA SPRING		871-7711
MAILING ADDRESS (Street)		FAX
313 AND STREET		871-0706
(City)	(State)	(Zip Code)
KAHULUI	HI	96732

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human Services

Science, Technology &
Economic DevelopmentCommunications &
Public UtilitiesGovernment Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

Consumer Protection &
Commerce

Hawaiian Affairs

Labor & Employment

Transportation

Culture, Arts, Historic
Preservation

Health

Planning, Land & Water
Use Management

Other: (indicate below)

Ecology, Energy
Environmental Protection

Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.**Pamela Trumpap*

(Signature of Lobbyist)

1/10/07

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

*PAMELA TRUMPAP**PRESIDENT*

NAME OF ORGANIZATION (if applicable)

TELEPHONE

*MAUI CHAMBER OF COMMERCE**808-871-7711*

MAILING ADDRESS (Street)

FAX

*313 AAO STREET**808-871-0706*

(City)

(State)

(Zip Code)

*KAHULUI**HI**96732**I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.**Pamela Trumpap*

(Signature of Authorizing Officer or Person Represented)

1/31/07

(Date)